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ABSTRACT

The family-based practicum experience of the University Affiliated Program of Vermont provides early intervention interns with an in-depth experience with the family of a child with special health care and/or education needs. Through this experience, interns acquire an understanding of the elements of a family-centered approach, incorporate the elements of a family-centered approach into all aspects of their practicum experience, and demonstrate a knowledge of the ways in which existing systems and policies can become more responsive to family concerns. Intern responsibilities include spending 48 hours with the family over the course of a semester, identifying and implementing mutually beneficial goals and activities to engage in with the family, and reflecting on the experience. Activities may include providing child care, assisting a family in applying for funding, developing child care guidelines for the family to share with babysitters, or making a videotape of the child to acquaint elementary school staff. Each intern has a Parent-to-Parent supervisor who is available to provide resources and support. A table listing characteristics of family-centered practitioners is appended. (JDD)

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Family-Based Practicum Experience

A Parent-Professional Partnership for Personnel Preparation

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Paper presented at the Annual Council for Exceptional Children, Division for Early Childhood Conference (Washington, DC, December 2-6, 1992)

FAMILY-BASED EXPERIENCE

The family-based experience provides interns with the opportunity to learn directly from a family rather than from reading or attending lectures about families. This practicum component provides interns with an in-depth experience with a family of a child with a special health care and/or education need(s). Through this experience interns will: acquire an understanding of the elements of a family-centered approach, incorporate the elements of a family-centered approach into all aspects of their practicum experience, and demonstrate a knowledge of the ways in which existing systems and policies can become more responsive to family concerns and priorities.

Each intern has a Parent-to-Parent supervisor who is available to provide resources and support. A minimum of 2 meetings with each intern will be held during each of the fall and spring semesters. However, the Parent-to-Parent supervisor will be available to meet with individual interns on a weekly basis to discuss any issues regarding the implementation of a family-centered approach. It is the responsibility of the intern to communicate any additional supervision needs to the Parent-to-Parent supervisor.

"The Family-Centered Characteristics" as well as *Family-Centered Care for Children with Special Health Care Needs* are excellent resources for this activity. Parent-to-Parent of Vermont, located at the Champlain Mill also has a lending library with many valuable resources.

Guidelines

The family-based experience has been designed to be implemented in two phases. The requirements and written components of each phase are described below.

PHASE I (Fall Semester) GETTING TO KNOW THE FAMILY:

1. **MAINTAIN A LOG OF THE TIME SPENT WITH THE FAMILY:** You will be asked to submit a log of the time you spent with the family throughout the year including a brief description and a brief reflection of each activity. **Phase I Activities** include:

   a. Initial visit with the family
   b. On-going contact with the family (weekly or on a schedule that meets the family's needs)
   c. Attend a physician's appointment

d. Attend an IEP or other conference held with the school
e. Observe the child in a setting where services are being provided (school, childcare, home, therapy)
f. Have a meal with the family
g. Provide respite (spend enough time with the children so that the parent(s) will have time to "get out of the house" if they would like to)
h. Select **two additional experiences** that you and the family identify as valuable (e.g., attend a parent support group meeting, attend a birthday party)

2. **REFLECT ON YOUR EXPERIENCE**

a. Identify an aspect of your experience with the family and write a reaction paper discussing your perspective on this experience.
b. Facilitate a discussion (during practicum seminar) regarding the experience you discussed in your paper.

3. **SET GOALS FOR PHASE II** (Spring Semester) Together with your family, identify the goals and activities you will engage in during phase II. The goals and activities should be mutually beneficial and should consider the intern's learning needs and the family's own priorities. You will also want to develop a timeline for your goals and activities. The goals and timelines should be written and handed in with your reflection paper on the assigned date at the end of the fall semester. You may also want to discuss the ways in which you and the family "negotiated" the goals and activities for Phase II.

PHASE II: (Spring Semester) IMPLEMENTING A PLAN:

In the past interns and families have been very creative in defining their goals and activities for Phase II of the Family-Based experience. These ideas have included, but are not limited to:

*developing a "Fun and Care Book" that the family could share with babysitters about their child.
*providing childcare for the child and/or siblings.
*assisting a family in applying through Medicaid for wheelchair funding.
*making a videotape of the child at home and at preschool for the elementary school

1. **MAINTAIN A LOG OF THE TIME SPENT WITH THE FAMILY:** Submit a log of the time you spent with the family throughout the year including a brief description and a brief reflection of each activity. **Phase II Activities** require you to spend 48 hours with your family over the course of the semester. The goals and activities addressed during these 48 hours are those which were identified

with the family in the fall. Your 48 hours can be divided to allow you to accomplish these mutually determined goals.

2. **REFLECT ON YOUR EXPERIENCE**

   a. Identify an aspect of your experience with the family and write a reaction paper discussing your perspective on this experience. You will want to discuss any changes you made in your original plan for Phase II. How were those changes "negotiated"?

   b. Facilitate a discussion (during practicum seminar) regarding the experience you discussed in your paper.

CHARACTERISTICS OF

FAMILY-CENTERED PRACTITIONERS

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Characteristics of Family-Centered Practitioners

Family-centered practitioners are those who recognize, respect, and support the central role that families play in their child's life.

INDICATORS	PROVIDE EXAMPLES OF WHEN THIS DID HAPPEN, DIDN'T HAPPEN, WHY OR WHY NOT
Family-Centered Practitioners: 1. create opportunities for the family to share concerns, priorities, and resources on an on-going basis. 2. provide opportunities for families to acquire new knowledge, skills, and confidence. 3. recognize and build upon family identified strengths and abilities. 4. communicate with families in a culturally competent manner. 5. gather information from families in a way that is comfortable for family members (e.g., use a variety of informal/formal interview methods). 6. encourage families to consider their informal networks as a resource for on-going support. 7. acknowledge and respond to any family identified needs (e.g., providing families with information regarding the availability and location of other support services and organized community activities). 8. include families in all planning and decision making activities at whatever level families choose to participate.	

Characteristics of Family-Centered Practitioners

Family-centered practitioners are those who recognize, respect, and support the central role that families play in their child's life.

INDICATORS	PROVIDE EXAMPLES OF WHEN THIS DID HAPPEN, DIDN'T HAPPEN, WHY OR WHY NOT
Family-Centered Practitioners: 9. provide services that minimize disruptions in family schedules. 10. discuss the variety of options for service delivery: who, what, where, when and why. 11. create opportunities for families to increase the competence of others who interact with their child. 12. allow reciprocity. 13. respond to family's changing and on-going information needs by providing information through a variety of appropriate learning modes (e.g., video, audiotapes, written reports, journal articles) and at a number of different times. 14. provide opportunities for families to give on-going feedback regarding the services they receive and the manner in which the services are provided. 15. act upon the feedback provided to them by the families they work with. 16. seek input from families regarding program policies and practices that govern the delivery of services. 17. say they don't know when they don't know, but say they will find out.	